

COMPLAINT FORM

Maryland Department of Agriculture
Pesticide Regulation Section
50 Harry S. Truman Parkway
Annapolis, Maryland 21401

DO NOT WRITE IN THIS SPACE

Date Received _____

Complaint No. _____

Assigned to _____

Type of Complaint (check one)

Pesticide Use/Misuse _____ Inspection for Pests _____

PLEASE BE ADVISED THAT BY FILING THIS COMPLAINT IT MAY BE NECESSARY FOR YOU TO APPEAR AT A FORMAL HEARING BEFORE THIS DEPARTMENT OR IN CRIMINAL COURT

1. Your Name

Last Name _____

First Name _____ MI _____

City _____ County _____

State _____ Zipcode _____

Home Phone _____ Work Phone _____

2. Complaint Against

Name _____

Trading As _____

City _____ County _____

State _____ Zipcode _____

Phone Number _____ License No. (If known) _____

3. Contract Information

Did you enter into a contract? Circle **Yes** or **No**

If "Yes" was the contract Written or Oral _____

Name of Individual or Company you contracted with _____

Date of Contract (Month, Day, Year)_____If "Yes" give amount \$ _____

4. Work Performed

If Known Name of Person who applied /missapplied pesticide or performed pest inspection

Date the pesticide was applied or pest inspection was performed (Month, Day, Year)

Date of last service or pest inspection (Month, Day, Year)

5. Nature of Complaint

Please give detailed but concise explanation of your complaint in the order in which it occurred and attach any supporting documents including copies of contracts, warranties, inspection reports, service tickets or other correspondence. Continue on a separate sheet if necessary.

**I CERTIFY UNDER THE PENALTY OF PERJURY THAT THE INFORMATION CONTAINED
HEREIN IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE AND BELIEF**

Signature of Complainant _____ **Date** _____